



A Partnership  
Listen and Talk  
Washington State School for the Deaf



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

School District/School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Age of Identification: \_\_\_\_\_

Degree of Loss: \_\_\_\_\_

Amplification: \_\_\_\_\_

Consistently worn since \_\_\_\_\_

**Educational History**

Participation in early intervention? ☐ Yes ☐ No

Educational Philosophy used at that time? \_\_\_\_\_

Educational philosophy used currently? \_\_\_\_\_

Classroom setting (general ed, self-contained, etc.)? \_\_\_\_\_

Child uses a personal FM system? ☐ Yes ☐ No

Primary reason for the request: \_\_\_\_\_

**Documents requested:**

Release of information ☐ Yes ☐ No

Most recent evaluation (from district and/or private providers) ☐ Yes ☐ No

Most recent audiogram with report ☐ Yes ☐ No

IEP/504 Plan ☐ Yes ☐ No

Report Cards/teacher comments ☐ Yes ☐ No

**Comments**

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date